City and County of the City of Exeter.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF
THE CITY OF EXETER
1946

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SCHOOL MEDICAL STAFF.

School Medical Officer and Medical Officer of Health
GEORGE F. B. PAGE, M.D., D.P.H. (EDIN.).

Senior Assistant School Medical Officer
JESSIE SMITH, M.B , CH.B., D.P.H. (LEEDS).

Assistant School Medical Officers
IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P.
W. DAVIDSON-LAMB, M.C., M.B., CH.B., D.P.H. (Appointed 1-8-46).
ROBERT P. BOYD, M.B., CH.B., D.P.H. (GLAS.), F.R.F.P.S.G. (and Deputy Medical Officer of Health. Returned from Active Service 1-3-46).
BENJAMIN T. JONES, L.M.S.S.A., D.P.H. (Temporary Deputy Medical Officer of Health to 28-2-46).

School Dental Surgeons
JOHN F. A. SMYTH, L.D.S. (ENG.), Temporary Senior Dental Officer from 1-7-45 to 31-7-46 and thereafter Assistant Dental Officer to 26-12-46.
CLIFFORD A. REYNOLDS, L.D.S. (ENG.). (Returned from Active Service 11-6-46. Appointed Senior Dental Officer, 1-8-46.)

Assistant School Dental Surgeon.
HORACE J. V. WEBSTER, L.D.S. (ENG.) (Temporary to 10-6-46.)

School Nurses (also Health Visitors).
Miss M. M. FOY.
Miss D. HICKSON.
Miss A. H. EDDS.
Miss M. E. BLACK (Temporary).
Miss F. L. GIBBONS.
Miss E. PHILLIPS (Resigned 9-11-46).
Miss M. P. BLUEMEL (Resigned 31-11-46).
Miss N. E. SMITH.
Mrs. R. CLAYTON. (Part-time. Appointed 11-3-46. Resigned 23-5-46).

*** Clinic Nurses.**
Mrs. T. S. TILLER (Part-time).
Mrs. I. D. E. BLOOMFIELD (Part-time. Appointed 12-6-46. Resigned 31-12-46).
Mrs. E. A. M. KNEE, G.M. (Temporary, from 2-9-46).

Speech Therapist.
Mrs. J. PEARCY.

Dental Attendants.
Miss D. F. A. CHESNUTT (Returned from Active Service 2-9-46).
Mrs. E. A. M. KNEE, G.M. (Temporary to 1-9-46).
Miss E. I. ROSE (Temporary).

Clerks.
Mrs. D. V. M. WILSON (Temporary).
Mr. R. BUDGE (Returned from Active Service and resigned 1-7-46).
Miss M. BUCK (Temporary. Resigned 2-11-46).
Miss S. M. STERRETT (Temporary. Resigned 13-4-46).
Miss V. L. CHAPMAN (Temporary. Appointed 12-6-46. Resigned 31-10-46).
Mrs. N. V. PECK (Temporary. Appointed 13-11-46).
Miss S. TUCKER (Temporary. Appointed 4-11-46).

The following is on Active Service :—
Mr. W. G. LOTT (Clerk).

* Assist in staffing various Clinics, including those of the L.E.A.

Annual Report

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF THE CITY OF EXETER,

1946.

To the Chairman and Members of the Education Committee.

I have the honour to submit my report upon the Medical Inspection of School Children for the year 1946. In accordance with a letter of the Ministry, dated 13th November, 1946, the report makes particular reference to developments and extensions arising out of the Education Act, 1944, in addition to the usual information about the health of the pupils and the work of the Department.

(*a*) Staff.

The whole of the medical, dental and nursing staff takes part in the work of the Public Health Department as well as of the School Health Department. The departments are so organised that there is complete co-ordination between them.

The City is divided into four Health Districts. In each district the same team is responsible for the Maternity and Child Welfare Service, the School Health Service and the General Public Health Service, including the investigation and control of infectious disease.

During the year all members of the Staff serving with the Forces returned to their ordinary duties except Mr. W. G. Lott, clerk-in-charge, who was still on demobilisation leave at the end of the year, and Mr. R. Budge, who was successful in obtaining a post with the Devon War Agricultural Committee. It is very satisfactory to be able to report that we lost no members by enemy action or disease.

The increasing work of the Department under the new Act has necessitated an increase in Staff. Dr. W. Davidson-Lamb, M.C., was appointed an additional assistant school medical officer as from 1st August. Mrs. J. M. Pearcy, part-time speech therapist, became a whole-time officer as from 1st January. Other changes are recorded on the opposite page.

It will be remembered that Mr. Lott, clerk-in-charge, was called up on 14th September, 1944, and that thereafter the clerical staff of the Department was entirely temporary with a good many unavoidable changes at one time and another. A very heavy burden was thrown on my senior assistant, Dr. J. Smith, and I desire to record my appreciation of all the work she has done. I also desire to thank Mrs. D. Wilson, who took Mr. Lott's place at very short notice, for her capable assistance especially having regard to the many changes of junior staff we have experienced.

The late Mr. Horace Webster, who joined the Department as assistant dental surgeon on 1st March, 1941, was in poor health when his war-time post came to an end on 10th June, 1946. I very much regret to have to record that his illness terminated fatally on 15th November. He gave valuable service as a member of the dental staff during the war years, as well as helping with Civil Defence. He was a kindly man and an agreeable colleague.

In accordance with regulations made by the Ministry under the Education Act, 1944, all school nurses appointed after 1st April, 1945, must be qualified health visitors, unless employed solely in clinic duties or certain duties of a specialised kind, or compliance with the regulation is impossible on account of the supply position. The Department has been more or less short of whole-time qualified school nurses throughout the year, but has succeeded in maintaining the various services by employing part-time officers and clinic nurses. In normal times it was the custom of the Local Education Authority to employ school nurses who were invariably qualified health visitors, so that the regulation confirms an established practice. With the growth of clinic work, however, the Ministry's suggestion that nurses other than health visitors may be employed in such duties is welcome. Health visitors are trained especially for home visiting ; also their presence at school inspections is very desirable since they are dealing with the parents and children of their districts. At the various clinics, however, such as " minor ailments," " ear, nose and throat," and " immunisation," their presence is less essential, so that it is economical and sensible to make use of other nurses, including part-time ones.

By the end of the year an agreed clerical establishment had been arrived at, consisting of a clerk-in-charge, two other clerks and a junior. The new Act has increased the amount of clerical work required very substantially. There is the inevitable increase in the number and complexity of forms which is inseparable from present-day administration.

(*b*) Changes in Arrangements for Medical, Dental and Cleanliness Inspections and Treatment.

As foreshadowed in last year's report, the Handicapped Pupils and School Health Service Regulations, 1946, imposed a somewhat different system of routine inspection, entailing more frequent visits by the assistant school medical officers to the schools. All the primary schools and most of the secondary schools are now visited three times a year to ensure that entrants are examined *as soon as possible* after admission. In the case of the two grammar schools—Hele's for boys and Bishop Blackall's for girls—the medical officer visits on one afternoon every fortnight so far as possible, and is thus in continuous touch with the school authorities. Present staff does not allow of this arrangement being extended to secondary modern schools, but it does appear to be sound practice in the case of the two schools mentioned where pupils may remain up to the age of eighteen.

Another improvement made possible by the appointment of an additional medical officer is the restoration of the doctor's

days at the Branch Clinics at Burnt House Lane and Buddle Lane Community Centres. These clinics are available for minor ailments and special examinations to the schools in their districts. They are open every school day throughout the year, the medical officer attending twice a week. The Central Clinic, including the Dental Department, remains as before, open all the year round including the school holiday periods.

The modified arrangements under Section 48 (3) of the Act for the hospital treatment of children attending maintained schools outlined in last year's report have continued to work smoothly. It is hoped, however, that a full hospital service, as required by the Act, will become available in 1947. The hospitals concerned are the Royal Devon and Exeter (Voluntary), the West of England Eye Infirmary (Voluntary) and the City Hospital (Municipal). The operative treatment of tonsils and adenoids has been carried out at the last-named hospital for many years and in addition a certain amount of this work is undertaken there for the Devon Education Authority, thus relieving the very long waiting list at the local voluntary hospital. On 13th February a fortnightly consultative Ear, Nose and Throat Clinic was begun at the City Hospital, one of the primary objects of which is the prevention of deafness. The clinic is financed by the Education Authority, but other departments of the Council may make use of it on payment of a small fee.

There has been no change in our general arrangements with the Devonian Orthopaedic Association. At one time, the Association was able to admit cardiac cripples to their Home at Tipton St. John, and such cases have also been sent occasionally to the Dame Hannah Orthopaedic Hospital at Ivybridge. The Dame Hannah Institution has closed and the trustees are to use the funds for other purposes. The Devonian Association has found itself unable to admit heart cases owing to the pressure of ordinary orthopaedic work. In these circumstances, with the permission of the Ministry and the Public Health Committee, arrangements have been made to admit these cases to Honeylands Children's Sanatorium, which provides education as well as treatment. Fortunately, the number of such cases requiring institutional care is very small. The common cause of cardiac trouble in children is rheumatic fever, a disease which is not especially prevalent in Exeter.

Under the regulations, all physicians and surgeons taking part in the ascertainment and treatment of most of the eleven groups of handicapped children, and acting as consultants generally, require the approval of the Ministry. When the Act was passed the Ministry gave a temporary continuing approval to existing arrangements. Since then, it has been necessary to obtain fresh approval for all those doing consultant and specialist work, especially on account of the various changes in the visiting staffs of hospitals following the end of the war. This has been done and the opportunity has been taken to overhaul our consulting and specialist arrangements generally. It may be said that in Exeter we are fortunate in having such a wide range of

specialist services. As yet we have no paediatrician or specialist in the diseases of children. Hitherto, I consider that this work has been very well done by the existing consultants so far as school children are concerned. The need of a paediatrician is much more evident when medical arrangements for infants and the under fives are under review. Indeed, the medical officers of the Ministry have pointed out on several occasions that *experienced* school medical officers are paediatricians, and I have no doubt that the same is true of many medical officers in the Maternity and Child Welfare branch of public medicine.

The appointment of a paediatrician jointly with Devon and the Governors of the Royal Devon and Exeter Hospital is under consideration.

As announced in my previous report, the Voluntary Child Guidance Centre, conducted by Dr. R. N. Craig, closed on 31st March. Owing to difficulty about premises, it has not been possible to continue this work. A full account of the aims, objects and requirements of a Child Guidance Centre was given on pages 8 and 9 of my Report for 1945.

Since August, the care and education of Blind and Partially Sighted Children has undergone re-arrangement. Previously those two categories of Handicapped Children were catered for by the West of England Institution for the Blind, Exeter, although their educational requirements are quite different. In future, the Exeter Institution will deal with the partially sighted, while the blind will go to The Royal School for the Blind, Westbury-on-Trym.

The Royal Residential School for the Deaf, Exeter, has plans for extension in the shape of a nursery school for approximately fifty children aged from 3 to 7.

On 12th November, the Ministry of Education convened a conference of West of England Education Authorities at Exeter to discuss future provision for the various classes of Handicapped Children. The conference served a most useful purpose in revealing to what extent the need for institutional accommodation was already met, and along what lines development should proceed. In Exeter we are fortunate in having the West of England Institution for the Blind, which, as already noted, will undertake the care of partially sighted children ; also the Royal West of England Residential School for the Deaf, the Headquarters and principal hospital of the Devonian Orthopaedic Association, and St. Loye's Training Centre for Cripples.

In some cases, the numbers in a particular category are so small that joint arrangements by combination of authorities are essential. In the case of certain children suffering from multiple defects there are almost insuperable difficulties at the present time in finding suitable accommodation, particularly where one of the defects is some degree of mental retardation.

A statistical return of Handicapped Children, divided into the eleven official categories, will be found in another part of this Report (*see* Appendix).

During the year two medical officers—Dr. Smith and Dr.

Ward—and one school nurse—Miss Edds—attended refresher courses. I attach great importance to these courses, not only on account of the up-to-date teaching given, but also on account of the opportunity for comparing notes with colleagues and discussing problems of common interest.

Cinematograph films dealing with the care of the teeth, the eyes and the ears, were shown to senior scholars and parents' associations. On each occasion a medical officer or school nurse attended to introduce the pictures and answer questions. Judging by my own experience, these films were much appreciated and various points made by the producers were quickly taken in.

In addition to steady development along the lines laid down by the Act, the Department is able to produce a good record of work done in spite of difficulties.

In a total school population of 7,625, including the secondary grammar schools, 3,206 examinations at routine ages and 4,415 other examinations were carried out.

School Clinic attendances were as follows :—

	1944.	1945.	1946.
Central Clinic	5,130	3,942	5,636
Western Clinic	3,992	2,273	2,528
Eastern Clinic	5,109	4,229	3,799
Dental Clinic	5,141	4,716	4,427

A branch clinic, including a dental surgery, is required in the Northern health district of the City. As soon as building becomes possible, the erection of such a clinic in co-operation with the other Committees of the Council dealing with health matters, should be considered.

The number of individual children found to be unclean was 1,231, giving a percentage of 19.1, which is slightly lower than the previous year. Much of the trouble is due to a small number of difficult and careless families. The standard is strict : one nit is recorded as an unclean head. The number of girls over school age at hospitals and in industry, as well as among recruits for the Forces, found to have dirty heads is an indication of the prevalence of infestation. It is surprising that girls of sixteen and over should not take the trouble to keep themselves clean. Such families provide a constant source of infection and tend to render ineffectual the work of the school nurses. Section 54 of the Act of 1944 practically repeats the procedure under the 1921 Act, a procedure which experience proved to be cumbersome and useless. This is very disappointing. In contrast, it may be observed that infestation among the children in the Day Nurseries, at present conducted by the Maternity and Child Welfare Committee, is comparatively uncommon. This is partly due to the closer supervision possible, partly to the fact that the younger children in the home get more attention, and to the knowledge among parents that repeated carelessness in this direction and disregard of advice may cause the privilege of using the Nursery to be forfeited.

Scabies, which reached its maximum prevalence during the war years, has again declined. The following table shows the

incidence of scabies in the schools for the past 12 years. For some unknown reason this disease had begun to increase slightly before the war, but the increase was greatly accelerated during the war.

INCIDENCE IN SCABIES FOR THE PAST 12 YEARS IN EXETER SCHOOL CHILDREN.

Year.	*Families.*	*Cases.*	*School Population.*
1946	116	310	7,625
1945	163	375	6,529
1944	229	538	7,301
1943	259	823	6,813
1942	245	707	7,003 *
1941	468	950	9,796
1940	167	288	10,891
1939	20	53	7,764
1938	29	41	7.286
1937	29	42	7,422
1936	12	25	7,578
1935	10	22	7,796

* End of year ; actual population greater in first five months.

(*c*) **Arrangements for the Provision of Meals and Milk.**

School Meals. The average number of solid meals served daily was 3,000. These meals are prepared and cooked in four area kitchens, viz. :—

No. 1, at Paul Street ;
No. 2, at Montgomery School ;
No. 3, at Bradley Rowe School ;
No. 4, at Ladysmith Road School ;

augmented by Sub-Kitchen " A " at Whipton School, Sub-Kitchen " B " at Hele's School and Sub-Kitchen " C " at Bishop Blackall School.

The charge for dinners is regulated according to the following scale :—

5d. for first child in family ;
4d. for second do.
3d. for third child and remaining children.

Meals are provided free to necessitous children.

The most recent census of meals taken by the Ministry was in June. This showed that 85.6% children were taking milk meals and 34.3% solid meals. The overall percentages for all primary and secondary schools in England and Wales at that time were 71.7% for milk meals and 43.0% for solid meals. Exeter ranks fourth on the list for milk and thirty-ninth for solid meals among 79 County Boroughs. Both types of meal are made available during the holidays, when there is still a pronounced falling off in the demand.

EVACUATION AND RECEPTION.

At the end of the year, 5 official evacuees were reported remaining in the City.

NUTRITION.

So far as statistics go, the figures reported in Table II (*q.v.*) reveal little significant change. Category **C,** or the slightly subnormal, work out at 7.5% against 7.6% the previous year. There are rather more children shown in Category **A,** excellent, with a small corresponding decrease in Category **B,** normal. As I have often pointed out, the assessment of nutrition, or "general condition," is very much a matter of personal opinion. There is no scientific definition of normal nutrition, nor is there any known method of exact measurement. From these figures, I think it may be inferred that the general well-being of Exeter school children has not deteriorated, and that is as far as it is possible to go. If we could have a set of standard pre-war children as a basis of comparison, it might be possible to be more precise. My personal opinion is that the local school children as a whole are well looked after, and there is little doubt that school milk and school meals have played their part in maintaining a satisfactory state of affairs.

There are other difficulties for parents besides the domestic catering problem. Clothing and footwear remain difficult and in short supply. Nevertheless, I think that the general average is reasonably good and that this reflects great credit on the care which most parents take in the matter.

SPEECH THERAPY CLASS.

The appointment of Mrs. J. M. Pearcy (Miss Whitaker) became whole-time from the beginning of the year. The growth of this important work, which is fully appreciated by the teachers, may be illustrated by the fact that the attendances at the various centres during the Autumn Term, 1946, exceeded the total attendances for the previous year, 1945, being 1,167 against 1,045.

		Total.
Children attending at beginning of year	43	(22)
New cases referred	126	(44)
	169	(66)
Children discharged	36	(17)
Ceasing attendance before discharge for various reasons	9	(6)
Number attending at end of year	124	(43)
	169	(66)
Total number of sessions	248	(108)
Total number of attendances	2,857	(1,045)

The figures for 1945 are given in brackets.

During 1945 there were four centres in the City, viz. :—

At the University College of the South West, Gandy Street.
Whipton School.
Shakespeare Road Community Centre.
Merrivale Road Community Centre.

During 1946 there was considerable expansion of the work and the centres were as follows :—

Alice Vlieland Welfare Centre, Bull Meadow Road.
Mount Pleasant Congregational Hall.
Merrivale Road Community Centre.
John Stocker School.
University College of the South West, Gandy Street.
Whipton School (2).
St. Paul's Church Room, Burnt House Lane.

Mrs. Pearcy adds to her report :—

" It is now possible for children from all schools to attend a speech therapy clinic *in their own area.* The large increase in the number of children attending the clinics indicates that there was a great need for this expansion, and with good co-operation from the schools many more children have been able to benefit from the treatment."

The following is a summary of the types of speech defect treated (—

From the Autumn Term Report—

Stammering	71
Articulatory defects :	
Lalling, lisp and other forms	55
Voice defects	0
Language defects :	
Idioglosia, delayed speech development	10
Multiple defects	3

Some types lend themselves to treatment in small classes ; others require individual attention. The importance of correcting defective speech is obvious and the earlier treatment is started the better.

The School Health Service has to keep step with other changes in Education. I think it can be claimed that substantial progress has been made during the year, although much remains to be done before the full value of new legislation can be realised. The report on the current year's work will be along more elaborate lines to be laid down by the Ministry. Among other things a larger and more detailed inspection card for each child is to be introduced, and already a number of new forms have made their appearance. Many years in this work have proved to me the value of complete and accurate records ; at the same time, I would express the hope that our primary object, the well-being of the children, will not be submerged in excessive paper work masquerading under the sacred name of administration.

Finally, I would ask you to regard this report as a transitional one between the abridged reports of the war period and a return

to the more informative documents which should be possible from now onwards.

I would like to thank the members of the Education Authority for their interest in the work, which is truly preventive and still one of the least expensive branches of the Health Service. I would also like to thank the members of the staff for their ready co-operation at all times.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. B. PAGE,

School Medical Officer.

STATISTICS.

EXETER SCHOOLS, 1946.

School Population	7,625
Number of Schools	24
Number of Departments	33

TABLE I. *

Medical Inspections and Treatment Returns, 1st January to 31st December, 1946.

A.—ROUTINE MEDICAL INSPECTIONS.

PRIMARY AND SECONDARY MODERN SCHOOLS

Number of Inspections in the prescribed Groups :—

Entrants	1,200
Second Age Group	860
Third Age Group	755
Total	2,815

Number of other Routine Inspections	500
†Secondary Grammar Schools	391

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections 3,915

* These numbers refer to the tables in the pre-war form of report.

†Shown separately as the age groups of routine inspections do not correspond with those of the Primary and Secondary Modern Schools at present. In course of time the age groups will correspond exactly.

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS IN PRIMARY AND SECONDARY MODERN SCHOOLS.

Age-Groups.	No. of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1200	300	25.0	812	67.6	88	7.4	—	—
Second Age-Group	860	176	20.4	606	70.5	78	9.1	—	—
Third Age-Group	755	127	16.8	579	76.7	49	6.5	—	—
Other Routine Inspections	500	97	19.4	371	74.2	32	6.4	—	—
Total	3315	700	21.1	2368	71.4	247	7.5	—	—

†SECONDARY GRAMMAR SCHOOLS.

No. of children inspected	A.	%	B.	%	C.	%
391	124	31.7	231	59.1	36	9.2

† See note at foot of previous page.

Group II.—Treatment of Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	521	—	521
Other defect or diseases of the eyes	51	—	51
Total	572	—	572
No. of Children for whom spectacles were :—			
(A) Prescribed	390	—	390
(B) Obtained	388	—	388

Group I.—Treatment of Minor Ailments (excluding Uncleanliness, for which see Table V).

Total number of defects treated under the Authority's Scheme	1,621

TABLE V.

VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse	14
(ii) Total number of examinations of children in the Schools by the School Nurses	18,465
(iii) Number of *individual* children found unclean	1,231
(iv) Number of *individual* children cleansed under Section 54 of the Education Act, 1944	13
(v) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act	*Nil*
(*b*) Under School Attendance Byelaws	*Nil*

TABLE VI.

BLIND AND DEAF CHILDREN.

Number of totally or almost totally blind and deaf children who are *not* at the present time receiving education suitable for their special needs. The return relates to all such children, including evacuees, resident in the Authority's area	*Nil*

EDUCATIONALLY SUB-NORMAL CHILDREN.

Total number of children notified during the year ended 31st December, 1946, by the Local Education Authority to the Local Mental Deficiency Authority under Section 57, Education Act, 1944 :—

Educationally sub-normal at 14 plus	8
Ineducable	2
	10

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.			
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Received other forms of treatment. (3)	Total number treated. (4)
366	2	87	455

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

Last year a report by the Senior Dental Officer was included, in addition to the usual statistical statement given below. Under paragraph 55 of the Handicapped Children and School Health Regulations, 1946, this report is now obligatory.

A considerable amount of ground has been covered considering that the Dental Department had only one surgeon working during half the year. It is regretted that some schools had to go without complete inspections, but, as Mr. Reynolds very rightly points out in his report, inspections without subsequent treatment are not only valueless to the Authority, but may give parents a bad impression of the dental service provided.

In spite of difficulties, the following figures show at a glance what a depleted staff was able to do :—

	1945.	1946.
Total Inspections	6,632	4,689
Total Treated	2,349	2,494
Total attendances for Treatment	4,716	4,427
General Anaesthetics	1,353	1,213
Other Operations	831	998

During the earlier years of the war, when Exeter was a Reception Area, the Authority had no difficulty in keeping three dental surgeons fully employed. The addition of the two secondary grammar schools, Hele's and Bishop Blackall, to

our responsibilities, and the raising of the school age, will bring the number of children to be inspected and treated to a figure not far short of the total school population in 1941. At the other end of the age scale, we shall have to consider the under fives when the Authority's nursery school programme gets into its stride. At present, a limited amount of work among under fives is carried out on behalf of the existing nurseries and child welfare centres, but this is a small matter compared with the systematic inspection and treatment that will be possible in nursery schools. It would be impossible to over-emphasise the value of such work among under fives. It is truly preventive dentistry which should yield rich dividends for a comparatively small expenditure. In fact, the dental scheme as a whole is one of the cheapest and most fruitful of the public medical services.

Finally, I would remind the Authority that although two dental surgeons are employed, we have the services of one and a half only for school purposes, the balance of the dental surgeons' time being devoted to the work of other Committees of the Council. In 1936 the then Board of Education stated that one dental surgeon for 5,000 children was *the minimum* provision in an urban area. In order to cover the work of the Authority and of other Committees of the Council properly at the present time, there would appear to be a good case for the employment of three whole-time dental surgeons.

Report of the Senior Dental Officer.

I have the honour to submit the Report of the School Dental Department for 1946.

In the year ended December 31st, 1946, just over half of the children attending the Exeter schools were inspected. This was due partly to the fact that for six months one dental officer only was available at the Dental Clinic owing to the illness of the late Mr. H. J. V. Webster. Even so, it is clear that an adequate Dental Service could not have been provided in 1946 with less than three dental officers, and they would have been more than fully occupied.

The Education Act has brought Hele's and Bishop Blackall Secondary Grammar Schools under the care of the Dental Clinic, an additional thousand children. Also it is necessary to visit almost every school each term for the purpose of inspecting new entrants in accordance with the Regulations. The raising of the school leaving age will add a further 1,000 children, as far as can be ascertained. These additional factors make the provision of another dental officer and surgery practically essential.

In the latter part of the year inspection and treatment has been concentrated upon : (*a*) the Secondary Schools, so that leavers will, as far as possible, be dentally fit ; (*b*) new entrants, not only to conform with the regulations, but also in an endeavour to prevent future dental defects.

The inspections of new entrants, while excellent when there is sufficient staff—both professional and clerical—have resulted in considerable loss of treatment time. Time is absorbed in

preparation and the inspections are prolonged by the attendance of parents in accordance with present requirements.

Advantage has been taken of the presence of parents to introduce new *permanent* acceptance forms whether or not treatment is required. Signature of this form by parent or guardian is authority for the child to receive any dental treatment which may be found necessary at periodic examinations throughout a child's school career in Exeter. (Signature of this form does not include permission to administer a general anaesthetic. Special permission is required on each occasion when a general anaesthetic is necessary.)

It has been found that by meeting parents it is possible to convince them of the desirability of retaining the temporary teeth by filling or silver nitrate treatment, in order to obviate the overcrowded mouths so often seen as a result of their premature loss. Even so, by the time many children first attend school, teeth are frequently past saving, and this indicates the importance of encouraging the inspection of pre-school children, whether in nurseries or through the agency of child welfare centres.

All schools were visited for the inspection of *new entrants* during the winter term, and the acceptance rate was very high, particularly in the infant schools where more parents attended. The interest of the Head Teachers in these inspections is reflected in the acceptance rate of their schools. At Cowick Street Infants, of 67 children inspected 66 accepted, and at Bradley Rowe Infants 77 out of 79 accepted. I would take this opportunity of thanking all the Head Teachers for their co-operation.

Although a number of schools had no complete routine dental inspection, urgent cases were referred for treatment by the Head Teachers, and the help of Assistant School Medical Officers in referring cases during the course of medical inspections has been considerable.

With regard to periodic dental inspections, the Senior Dental Officer is at present faced with two alternatives : (*a*) to inspect a school and complete treatment of that school before inspecting others, and so deal with each school thoroughly, possibly once in two years, or (*b*) to inspect all schools each year, allotting a limited time for treatment of each school, thereby treating no school thoroughly and providing inspection services at the expense of time devoted to treatment. Statistically, the latter course would, perhaps, be better ; but a poor opinion of the Dental Services would be formed by the parents, who, having accepted treatment for their children, would wait in vain for the treatment to be carried out.

Treatment figures for 1946 compare favourably with those of the previous year : more children were treated, with an increase in the number of teeth filled, and a decrease in the number of permanent teeth extracted.

The number of specials—*i.e.*, urgent cases—is increasing, however, and while many of these cases are children who have been examined and have not accepted treatment until toothache has forced the issue, many are cases where toothache—and often

the loss of a permanent tooth—might have been avoided had it been possible for the children to have received *more timely treatment.*

Extractions as a rule are carried out under a general anaesthetic—either nitrous oxide or vinesthene. I would express my appreciation of the services of Dr. J. Smith, who, apart from the regular sessions, always manages to find time to give an anaesthetic for the child with toothache.

Dentures fitted during the year numbered 26. These were made necessary in most cases either through non-acceptance of treatment previously or through accidents where front teeth were damaged beyond repair. Acrylic teeth are used mostly, so that the appearance may be as perfect as possible.

Regulation appliances of the removable type were fitted in 38 cases, and though this kind of treatment is necessarily slow, the co-operation of children and parents has been excellent, and the results are so far very encouraging.

CLIFFORD A. REYNOLDS,
Senior Dental Officer.

Statistics of Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist.
(*a*) Routine age-groups—

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total.
No.	86	577	444	491	469	311	312	559	316	245	201	70	40	3	4024

(*b*) Specials 665

(*c*) TOTAL (Routine and Specials) 4,689

(2) Number found to require treatment 2,990

(3) Number actually treated 2,494

(4) Attendances made by children for treatment 4,427

(5) Half-days devoted to :—

Inspection	43
Treatment	540
Total	583

(6) Fillings :—

Permanent Teeth	3,933
Temporary Teeth	352
Total	4,285

(7) Extractions :—

Permanent Teeth	829
Temporary Teeth	3,436
Total	4,265

(8) Administration of general anaesthetics for extractions 1,213

(9) Other Operations :—

Permanent Teeth	844
Temporary Teeth	154
Total	998

APPENDIX.

Handicapped Pupils.

The Handicapped Pupils and School Health Service Regulations, 1946, of the Ministry divide these into eleven categories. Definitions applicable to each category limit those included to pupils requiring education by special methods. Thus cases of slight deafness are not included, nor are diabetic pupils who can be treated at home and attend school in the ordinary way. The return required on Form 1 M gives all handicapped pupils ordinarily resident in the area arranged as to ages and sex, also whether in special schools, maintained primary or secondary schools, independent schools or not at school.

Below, these figures have been summarised and the incidence per 1,000 compared with the Ministry's estimate of the number in each category likely to be found :—

Category.	Number in Category.	Incidence per 1,000 in Exeter.	Ministry's Estimate per 1,000.
Blind	2	0.29	0.2—0.3
Partially sighted	7	1.0	1.0
Deaf	5	0.7	0.7—1.0
Partially Deaf	4	0.57	1.0 upwards
Delicate	79	11.3	10—20
Diabetic	*Nil*	*Nil*	No estimate given
Epileptic	3	0.43	0.2
Educationally Sub-normal	997	142	100
Maladjusted	74	10.6	10
Physically handicapped	46	6.6	5—8
Defective speech	154	22	15—30

This is a statement of the position as at 20th January, 1947.

Obviously, some categories such as Blind, Deaf or Epileptic, can be ascertained and classified with a good deal of precision. On the other hand, various factors enter into the ascertainment and classification of Delicate or Educationally Sub-normal children. Hence, rather wide variations are likely to be found as between different areas in these cases. The term " Educationally Sub-normal " includes, rather unfortunately in my opinion, children formerly classified as " dull and backward " as well as those formerly known as " feeble-minded, educable." Possibly, as a result of experience, this group will be subdivided into those children who are retarded by physical circumstances and those whose mental equipment is below standard. The present plan of grouping them together cannot be regarded as satisfactory.